



*Winthrop
Think College*

APPLICATION FOR 2021-22 ACADEMIC YEAR

**WINTHROP THINK COLLEGE
WINTHROP UNIVERSITY
320B WITHERS/W.T.S. BUILDING
RICHARD W. RILEY COLLEGE OF EDUCATION
ROCK HILL, SC 29733**

Completed Application Deadline is
December 12, 2020

WINTHROP THINK COLLEGE PROGRAM APPLICATION FOR PROGRAM ADMISSION

*Applications will not be considered for admission until
ALL requested information is received.*

Winthrop University welcomes your application for admission to the Winthrop Think College Program. This program is a comprehensive program of study for unique learners who are highly motivated young adults with an intellectual disability. The mission of Winthrop University's Think College Program is to provide an inclusive post-secondary education experience to students with intellectual disabilities to prepare them for competitive employment and active participation in local communities with as much independence as possible. The disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills and originates before the age of 18 (as defined by the American Association on Intellectual and Developmental Disabilities – AAIDD).

Please read the following instructions before completing the application. The applications can be typed or printed neatly.

Application Checklist:

- Complete the Winthrop Think College Program Application
- Complete the Student Questionnaire (by applicant)
- Complete the Personal Support Inventory (by the applicant).
- Submit official high school transcript(s) including last IEP or any post-secondary program record.
- Submit official discipline report from high school.
- Submit copies of all Educational Evaluations conducted within the past three (3) years.
- Submit all Psychological/Behavioral Evaluations conducted within the last three (3) years.
- Submit a current Vocational/Occupational Screening or Assessment.
- Please submit three (3) Student Recommendation Forms from references who have known the applicant for at least two calendar years. Submitted forms must represent the following areas: **education** (required) and at least **two recommendations** from the following areas: 1) vocational/employment, 2) community involvement and/or 3) personal.
Completed Student Recommendation Forms must be submitted with the application packet and must be in a sealed envelope with signature of the reference across the seal.
- After initial screening of the application, a personal interview will be scheduled when a completed packet has been received (required of all applicants.).

Mail the completed application packet to:

Winthrop Think College Program
Winthrop University
320B Withers/W.T.S. Building
Richard W. Riley College of Education
Rock Hill, SC 29733, USA

Application Date for Consideration:

Application deadline is December 12, 2020 for the Fall 2021 cohort.

For additional information, Contact Winthrop Think College at wtc@winthrop.edu or visit www.winthrop.edu/thinkcollege

Note: This is a certificate program (not an accredited college degree granting program), and exiting students will receive a certificate of completion along with a personal portfolio – NOT a degree from Winthrop University.

Due to space limitations, not all applicants who complete the application and meet the “criteria for admission” can be accommodated in the Winthrop Think College Program. However, applicants who are not accepted are welcome to reapply for next year.

Application Criteria:

- Age 18-25 at the time of admission.
- A documented intellectual disability with IQ between 45-75.
- Ability to function independently for a sustained period of time (at least 4 hours).
- The applicant should be able to sit through 120 minute courses.
- The applicant must demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/herself and others and have no history of disruptive or aggressive behaviors. Winthrop Think College does not have the personnel necessary to manage behavioral issues.
- The applicant must be independent in handling his/her own medication, specialized dietary and/or medical needs as well as in the use of his/her own medication. There is no personnel available to manage/administer medication. Winthrop Think College Staff takes no responsibility for specialized diets or medical needs.
- Does not display significant maladaptive behaviors that would require extensive behavioral support.
- Must be able to transverse the university campus with minimal adult supervision.
- Demonstrates communication skills adequate to interact on the Winthrop University campus.
- Demonstrates socially acceptable behavior that allows a favorable experience on Winthrop University campus.
- Motivated to learn and benefit from participation in the WTC program.
- Transportation to and from campus is the responsibility of the participant and his/her caregivers.
- Expresses interest in living and working as independently as possible in the community after completing the Winthrop Think College program.

PROGRAM FEES

Fees for 2021-22 Academic Year

	WTC Program Fee	Housing*	Meal Plan*	Residential Mentor Fee
Residential Student	\$15,000	\$5,294-\$7,366	\$3,726-\$3,906	\$3,000
Commuter Student	\$15,000	N/A	N/A	N/A

Depending on courses selected during registration, additional course fees may be added to student accounts.

Additional charges for Orientation will be added for first year students.

Information about possible funding sources can be found on our website
<https://www.winthrop.edu/thingcollege/helpful-links.aspx>

*University fees subject to change, fees listed are 2020-21 fees.

WINTHROP THINK COLLEGE APPLICATION

APPLICATION NOTES:

1. Type or print in ink.
2. Complete all of the application. If the question does not apply to you, write N/A.
3. Provide the month and date(s) requested; do not use terms "current" or "present."
4. **READ APPLICATION AGREEMENT, SIGN AND DATE YOUR APPLICATION**

1. **TERM OF PROPOSED ENROLLMENT** Fall Semester YEAR _____
2. **SOCIAL SECURITY NUMBER** _____ - _____ - _____
3. **NAME** Last Name _____ Suffix (Jr., III, IV) _____
First Name _____ Middle Name _____
4. **DATE OF BIRTH** (mm/dd/yy) _____
Does someone have legal guardianship of the student? Yes No
If yes name of guardian _____ If yes, include copy of court documentation
5. **MAIDEN OR FORMER NAME USED AT OTHER COLLEGES** _____
6. **HOME/PERMANENT ADDRESS**
Street _____
City _____ State _____ ZIP code _____ ZIP+four _____
County _____
7. **MAILING ADDRESS IF DIFFERENT FROM ABOVE**
Street _____
City _____ State _____ ZIP code _____ ZIP+four _____
County _____
8. **HOME TELEPHONE** _____ **CELL TELEPHONE** _____
9. **E-MAIL ADDRESS** _____
10. **I AM AN INTERNATIONAL STUDENT** (circle answer) Yes No **I AM SEEKING AN F-1 STUDENT VISA** Yes No
Country of birth _____ Country of citizenship _____
I am a permanent resident of the United States Yes No
Alien registration number (include a copy of both sides of your alien registration card or green card) _____
11. **MILITARY VETERAN/ACTIVE MILITARY**
Are you currently or have you ever been a member of the U.S. Armed forces? Yes No
If YES, please circle one of the following: Active Duty Active Reserve Reserve Component Veteran
Are you the spouse or a DEPENDENT of a full-time member of the U.S. armed forces? Spouse Dependent
Are you seeking readmission to the University after having been called-up to active military service through the reserves or drafted before the end of your last semester? Yes No
12. **ETHNIC ORIGIN / RACE**
I am Hispanic or Latino? Yes No
What is your race? Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.
 American Indian or Alaskan Native Asian Black/African American Native Hawaiian or Other Pacific Islander White

13. **FAMILY CONTACT INFORMATION** (circle relationship to you) Parent Spouse Guardian Other _____
 Last Name _____ Suffix (Jr., III, IV) _____
 First Name _____ Middle Name _____
 Home/permanent address (P.O. BOX, RFD, Street) _____
 City _____ State _____ ZIP Code _____ ZIP +four _____
 Telephone Home _____ Work _____ Cell _____
 E-mail address (please print neatly) _____

14. **I PLAN TO LIVE:** In university housing Off-campus
 15. **DO YOU LIVE IN SOUTH CAROLINA?** Yes (If yes, completion of the residency form is required.) No

ACADEMIC HISTORY

16. **HIGH SCHOOL YOU LAST ATTENDED**

Name of high school _____
 State _____ Years attended (yyyy to yyyy) _____ to _____
 High school graduation date: Month/Year (mm/yy) ____/____ or GED (mm/yy) ____/____ Issued in which state? _____

17. **LIST ALL COURSES IN WHICH YOU ARE CURRENTLY ENROLLED IN OR PLAN TO REGISTER FOR AND COMPLETE DURING YOUR SENIOR YEAR IN HIGH SCHOOL.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. Did/will receive High School Diploma Equivalent Certificate Name of certificate received: _____

Participated in general education classes Yes No

Describe inclusive educational experiences/list inclusive classes:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach a list of accommodations used in general education classes.

What clubs or teams were you involved in? _____

Awards or offices held? _____

19. **COLLEGES ATTENDED:** Have you attended any college, either full-time or part-time, since graduation or taken any college-level courses while in high school? If yes, please list below all colleges attended, current or most recent first, and ask the institution(s) to forward an official transcript of your work directly to Winthrop University. The University may verify your previous attendance at all institutions through the National Student Clearinghouse.

Name of school (full name) _____ State _____

Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____

Name of school (full name) _____ State _____

Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____

Name of school (full name) _____ State _____

Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____

20. **I FIRST LEARNED ABOUT WINTHROP THINK COLLEGE** (circle the most appropriate)

A) A family member who graduated from Winthrop University

Name _____

Relationship _____

B) A family member who attended/currently attends Winthrop University

C) Alumnus referral

D) A student currently attending Winthrop University

E) A Winthrop University faculty or staff member referral

F) Meeting an admission counselor at a college fair

G) A visit to campus

H) A coach's referral

I) I received a mailing from Winthrop University

J) The Winthrop University website

K) Other. Specify: _____

21. **HOW CAN YOUR EDUCATIONAL EXPERIENCE AT WINTHROP UNIVERSITY HELP YOU ACHIEVE YOUR FUTURE GOALS?**

22. REQUIRMENTS OF THE WINTHROP THINK COLLEGE PROGRAM

I fully understand that the following are the requirements of the completion of the program:

- Attend and complete all assignments within the Winthrop Think College curriculum and Winthrop classes with modified assignments.
- Cooperate with all Winthrop Think College staff.
- Fully participate in planned Winthrop Think College activities.
- Fully participate in job shadowing and employment activities.
- Adhere to the job placement requirements per the employment coordinator.
- Adhere to the independent living skills activity requirements.
- Fully comply with the Winthrop University Code of Student Conduct.

Non-compliance with these requirements may result in the following:

- Academic warning
- Academic disciplinary team meeting with action plan
- Removal from Winthrop Think College

23. APPLICATION AGREEMENT

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omissions or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I understand that if I discontinue my enrollment in Winthrop Think College at Winthrop University at any time, I must submit a new application by the appropriate deadline. I also understand that the provision of my Social Security number and my ethnic/racial origin are not required to be considered for admission to Winthrop Think College.

My signature below is my promise that, should I enroll at Winthrop University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibilities as outlined in the University's Student Handbook. The handbook can be found at <http://www.winthrop.edu/uploadedFiles/studentconduct/StudentHandbook.pdf>

Signature of Applicant _____ **Date** _____

Signature of Parent or Legal Guardian _____ **Date** _____

(If applicant is under 18 years of age)

WINTHROP THINK COLLEGE RESIDENCY FORM

WINTHROP UNIVERSITY RESIDENCY INFORMATION FOR IN-STATE TUITION

Return to: Office of Admissions, Winthrop University, Rock Hill South, Carolina 29733
Email: admissions@winthrop.edu FAX: 803-323-4952

**** CLASSIFICATION AS A RESIDENT FOR TUITION PAYMENT PURPOSES IS NOT AUTOMATIC. ****

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY INCLUDING YOUR WINTHROP ID. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

ADDITIONAL INFORMATION MAY BE REQUESTED PER SC LAW 59-112.

- A. Questions 1- 12 to be completed by all students. **NOTE:** please answer all questions to avoid delays in processing your residency application.
- B. **Completion of questions 12- 26 is required for:**
1. all students younger than 24 years old; **AND**
 2. students who are age 24 or older and were claimed as a dependent for the last tax year.
- C. The application is not complete without a signature on page 3.

Name of Student: _____
Last First Middle

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Date of Birth: (Month/Day/Year) _____ Age: _____

Semester you expect to begin classes: Fall Year: _____

1. What is your citizenship status?

- US Citizen
 US Permanent Resident Date permanent residency was granted (month/day/year) _____
 Foreign Citizen with valid Visa Visa Type: _____
 Deferred Action for Childhood Arrivals

2. List all addresses where you have lived for the past two years (do not use Post Office box number).

Address **Dates of Residence**

Street Address City State Zip code From: (month/year) To: (month/year)

Street Address City State Zip code From: (month/year) To: (month/year)

Street Address City State Zip code From: (month/year) To: (month/year)

3. Are you employed? No Yes (If yes, provide employer's information below)

Employer City, State, Zip code Beginning date of employment Hours per week

4. Telephone number where you can be reached: (_____) _____ Can a message be left at this number? Yes No

5. Are you married? Yes No If yes, date of marriage? _____

6. Have you been in **active** military service within the last two years? Yes No If yes, **State of Legal Residence** _____
If yes, **current duty station:** _____ **Or Discharge date if applicable:** Month/Day/Year _____

7. Do you have a driver's license? Yes No **OR** State issued identification card? Yes No
If yes, from what state? _____ **Issue date on license or ID card** Month _____ Year _____
If date is less than 12 months from your planned enrollment date (January, May or August), what is the original date of issue? Month _____ Year _____

8. Do you have a motor vehicle registered in your name? Yes No
If yes, in what state is the vehicle registered? _____ Issue date on current motor vehicle registration Month _____ Year _____
If date is less than 12 months from your planned enrollment date (January, May or August), what is the original date of issue? Month _____ Year _____

Name _____

9. Did you file a South Carolina Income Tax Return for the 2019 tax year? Yes No
If yes, under what status did you file the return? Full-year resident Part-year resident Non-resident

10. Did you or will you file a South Carolina Income Tax Return for the 2020 tax year? Yes No
If yes, under what status did you file the return? Full-year resident Part-year resident Non-resident

11. With whom do you reside? Both Parents Father Mother
 Other: Name: _____ Relationship to you: _____

**** ALL PERSONS WHO ARE YOUNGER THAN 24 YEARS OLD MUST PROVIDE THE INFORMATION REQUESTED BELOW.
** THE INFORMATION IS ALSO REQUIRED FOR PERSONS WHO ARE 24 OR OLDER AND WERE CLAIMED AS A DEPENDENT FOR THE TAX YEAR
PRECEDING YOUR ENROLLMENT.**

12. Where do your parents currently reside?
Father's Name _____ City _____ State _____ living deceased
Mother's Name _____ City _____ State _____ living deceased

13. Marital status of parents: Married Divorced or Legally Separated Widowed Never Married
If parents are divorced or legally separated, who is (or was) the custodial parent? Father Mother Joint-custody

14. When did residence in South Carolina begin?
Father: Month/Year _____ Mother: Month/Year _____

15. When were you last claimed as a dependent on a federal income tax return? Year _____ By _____ For what state? _____

16. Have either of your parents been in **active military service** within the last two years?
Father: Yes No Mother: Yes No If yes, State of Legal Residence _____
If yes, current duty station: _____ Or Discharge date if applicable: Month/DayYear _____

17. What is the citizenship status of each person listed below? **
Father: US Citizen US Permanent Resident— Effective Date: _____ Foreign Citizen with valid Visa— Visa Type: _____
Mother: US Citizen US Permanent Resident— Effective Date: _____ Foreign Citizen with valid Visa— Visa Type: _____

**** REQUIRED: If citizenship status is permanent resident or foreign citizen with a valid visa, please attach a legible copy of the document.**

18. List all addresses for where the persons below have lived for the past two years (do not use Post Office box number).

Father's Address **Dates of Residence**

Street Address _____ City _____ State _____ Zip code _____ From: (month/year) To: (month/year)

Street Address _____ City _____ State _____ Zip code _____ From: (month/year) To: (month/year)

Street Address _____ City _____ State _____ Zip code _____ From: (month/year) To: (month/year)

Mother's Address **Dates of Residence**

Street Address _____ City _____ State _____ Zip code _____ From: (month/year) To: (month/year)

Street Address _____ City _____ State _____ Zip code _____ From: (month/year) To: (month/year)

Street Address _____ City _____ State _____ Zip code _____ From: (month/year) To: (month/year)

Name _____

20. What is the current employment status of each person listed below?

Father: _____
Employer City, State, Zip code Beginning date of employment Hours per week

Mother: _____
Employer City, State, Zip code Beginning date of employment Hours per week

21. Who claimed you as a tax dependent for federal and state income taxes for the **2019 tax year** (check one)?

Father and Mother Father Mother Self Other Person I filed a joint return with my spouse

A. His/Her/Their Federal Filing Status: Single Married, filing jointly Married, filing separately Head of household

B. South Carolina State Filing Status: Resident Non-Resident Part-year Resident

C. A South Carolina return was not filed for the following reason _____

22. Who claimed or will claim you as a tax dependent for federal and state income taxes for the **2020 tax year** (check one)?

Father and Mother Father Mother Self Other Person I filed or will file a joint return with my spouse

A. His/Her/Their Federal Filing Status: Single Married, filing jointly Married, filing separately Head of household

B. South Carolina State Filing Status: Resident Non-Resident Part-year Resident

C. A South Carolina return was not filed for the following reason _____

23. **ADDITIONAL INFORMATION – forms submitted without the issue date for the parent(s) who claim the student will be returned.**

A. **Father's Information** - Does he have a driver's license or State ID card? Yes No If yes, issued by what state? _____ Issue date on current license Month _____ Year _____ New Renewal **

If less than 12 months from your planned enrollment date (January, May or August), what is the original date of issue? Month _____ Year _____

Does he have a motor vehicle registered in his name? Yes No If yes, in what state is the vehicle registered? _____ Issue date on current motor vehicle registration (Month/Day/Year) _____ New** Date of Purchase _____ Renewal

If less than 12 months from your planned enrollment date (January, May or August), what is the original date of issue? Month _____ Year _____

B. **Mother's Information** – Does she have a driver's license or State ID card? Yes No If yes, issued by what state? _____ Issue date on current license Month _____ Year _____ New Renewal **

If less than 12 months from your planned enrollment date (January, May or August), what is the original date of issue? Month _____ Year _____

Does she have a motor vehicle registered in her name? Yes No If yes, in what state is the vehicle registered? _____ Issue date on current motor vehicle registration (Month/Day/Year) _____ New** Date of Purchase _____ Renewal

If less than 12 months from your planned enrollment date (January, May or August), what is the original date of issue? Month _____ Year _____

24. I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on the belief that I am eligible to pay tuition and fees at the rate afforded to legal residents of South Carolina.

Signature _____ Date _____

WINTHROP THINK COLLEGE PARENT READINESS SURVEY

(To be completed by parent or support person)

APPLICANT INFORMATION

Student Name: _____

Parent/Guardian Name: _____

STUDENT SAFETY

I expect one-on-one support for my student all day.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I worry about my student talking to other students unsupervised.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I worry about my student crossing the street.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I check to see if my student has the correct facts.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

POST-SECONDARY PROGRAMS

I expect to know everything my student does at the university.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I need to know the homework assignments for each class my student takes.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

POST-SECONDARY PROGRAMS (CONT.)

I need to know the calendar of social activities offered to my student.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I know my student, with support, will develop friendships.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I know my student, with support, will try new opportunities.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

DIRECT INVOLVEMENT

I would like to attend classes to see my student interact with others.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Often I am in contact with my student more than three times a day.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Often, I am telling my student what to do or say.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I check up on my student in person if I can.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES

My student has the ability to handle frustration appropriately.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I trust my student's judgments.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student has the ability to seek assistance.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I believe I know what is best for my student.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I feel that my student knows what is best for him/herself.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

CONCERNS ABOUT THE FUTURE

I believe post-secondary education is important for my student.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I feel that my student wants to attend the university.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

CONCERNS ABOUT THE FUTURE (CONT.)

My student will live independent of our family after graduation.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student will have meaningful employment after graduation.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student will no longer have a disability after graduation.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student will lead the Person Centered Planning in order to achieve his/her goals.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

PERSONAL SUPPORT INVENTORY

(To be completed by parent or support person)

Completed by: _____

Please fill in the information below as accurately and honestly as possible. This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the Program.

Check all that apply.

INDEPENDENT LIVING SKILLS

Finds way around new environment

- Has never had the opportunity
- Needs complete assistance
- Completely independent

Follows a schedule independently

- Has never had the opportunity
- Needs complete assistance
- Completely independent

Handles all toileting needs

- Needs complete assistance
- Needs prompting
- Completely independent

Handles taking medications

- Needs reminders to take medication
- Completely independent
- Needs assistance filling pill holder
- Needs complete assistance
- Has never had the opportunity

Specialized diet

- Needs complete assistance
- Needs prompting
- Not applicable

Bathes daily

- Needs daily reminders
- With prompting/schedules
- Completely independent

Changes clothes daily

- Needs daily reminders
- With prompting/schedules
- Completely independent

Brushes teeth daily

- Needs daily reminders
- With prompting/schedules
- Completely independent

Cuts fingernails and toenails

- Needs complete assistance
- Needs reminders
- With prompting/schedules
- Completely independent

Shaves face/legs

- Needs complete assistance
- Needs reminders
- With prompting/schedules
- Completely independent

INDEPENDENT LIVING SKILLS (CONT.)

Asks for help or clarification

- Needs prompting
- Always
- Only in familiar situations

Uses good judgment in an emergency

- Has received instruction, but has not been in the situation
- Has not received instruction
- Completely independent

Copes well with stress

- Needs assistance
- Has and uses coping strategies with prompting
- Independently has and uses coping strategies

Adjusts well to new environments

- Needs much assistance
- Needs little assistance
- Needs prompting to ask for assistance
- Independent

Prefers to do things for him/herself

- Yes
- No
- Frequently requests assistance
- Needs prompting to ask for assistance

Laundry (check all that apply)

- Sorts
- Operates washer
- Operates dryer
- Folds
- Irons
- Puts away clothes
- Does not do laundry

Cooks (check all that apply)

- Prepares simple meals independently (microwave only or no heating required)
- Prepares simple meals using a stove or oven independently.
- Follows a multi-step recipe to prepare meals independently.
- Needs some support to prepare meals.
- Needs high levels of support to prepare meals.

Has attended camp away from home

- Yes (For how long? _____)
- No

Sets appointments for him/herself

- Yes
- No

Traveling Experiences (check all that apply)

- Has flown on an airplane alone
- Has flown on the airplane with an adult
- Has traveled internationally
- Has traveled on a bus alone
- Has traveled on a bus with an adult
- None of the above
- Other: _____

INDEPENDENT LIVING SKILLS (CONT.)

Driving

- The student has a license and drives independently
- The student has a license but drives with parent/adult only
- The student has a learner's permit only
- The student does not drive

What chores is the student responsible for at home?

The student is able to manage his/her own time in the following ways: (check all that apply)

- Arrives on time
- Allows enough time to walk to classes, etc.
- Uses alarm clock
- Uses schedule or day planner
- None of the above

The student is independently able to use: (check all that apply)

- Laptop
- Debit card
- Flash drive
- Cell phone
- ATM
- E-mail
- Printer

SOCIAL SKILLS AND COMMUNICATION

Communicates needs appropriately (check all that apply)

- Using one word utterances
- Using two word utterances or short phrases
- Using simple sentences
- Using complex sentences
- Using sign language
- Using augmentative and alternative communication device

Engages in age appropriate interaction (check all that apply)

- Socializes mostly with family
- Socializes with same age peers
- Socializes with older students or adults
- Socializes with younger students
- Does not socialize

Deals with conflict

- Needs much assistance
- Needs limited assistance, needs prompting to seek assistance needed
- Needs limited assistance and is able to seek the assistance needed
- Independent

Distinguishes between friends & strangers

- Yes
- No
- Has not been in the situation

SOCIAL SKILLS AND COMMUNICATION (CONT.)

Follows rules

- Yes
- Needs some reminders
- Struggles with following rules

Orders and purchases from a restaurant/store

- Yes
- No
- Needs assistance

Respects authority figures

- Yes
- No
- Depends on the relationship

Uses cell phone (check all that apply)

- Phone calls
- Text messages
- Calendar/day planner
- Alarms
- Apps
- Internet browsing
- Social media

Is able to provide personal information (check all that apply)

- Full name
- Birth date
- Address
- Phone number
- Emergency contact
- Medication information
- Insurance information
- E-mail address

Uses e-mail (check all that apply)

- Has e-mail account but does not use
- With assistance
- Independently
- Remembers passwords
- Needs reminder for passwords
- Checks daily
- Sends/responds to e-mail
- Attach a document to an e-mail

Maintains appropriate social behavior (check all that apply)

- Independent with family
- Independent in public situations
- Needs reminders with family
- Needs reminders in public situations

How does the student manage anger/anxiety?

Dating experience (check all that apply)

- Has not dated
- Has dated
- Online dating
- No experience, but is interested in dating

SOCIAL SKILLS AND COMMUNICATION (CONT.)

Is the student currently involved in activities that are specially created for individuals with disabilities?

- No
- Yes
- Yes, but the activities involve typically developing peers as well.

ACADEMIC SKILLS

Reading skills

Approximate grade level reading ability: _____ (check all that apply)

- No functional reading
- Reads chapter books
- Reads books silently
- Can answer literal comprehension questions
- Can answer inferential comprehensions questions
- Can summarize a reading selection
- Reads books for pleasure
- Title of last book read: _____

Math skills (check all that apply)

- Uses money accurately to make a purchase
- Counts change given to determine accuracy
- Manages a checking account
- Stays within a budget

Computer skills (check all that apply)

- Word processor
- Internet search
- Remembers passwords
- PowerPoint
- Requires assistance
- Uses Mac
- Uses PC/Chromebook
- Does not use the computer

Following verbal directions

- Yes
- No
- With reminders

Following written directions

- Yes
- No
- With reminders

Time Management (check all that apply)

- Uses a calendar
- Makes appointments
- Keeps planner/agenda
- Sets reminders on phone
- On time for appointments
- Needs assistance with time management

Study Habits (check all that apply)

- Studies independently
- Has tutor
- Requires one-on-one assistance
- Requires prompting
- Does not have homework

ACADEMIC SKILLS (CONT.)

Note-taking (check all that apply)

- Takes own notes
- Uses technology to take notes
- Requires copies of notes
- Does not write

Writing skills (check all that apply)

- Has written papers
- Drafts, revises and edits
- Writes short paragraphs
- Writes simple sentences
- Use punctuation
- Uses capitalization
- Uses correct spelling
- Uses technology for writing

Listening skills (check all that apply)

- Can retell a story that was heard
- Able to attend to a speaker during group lessons/presentations
- Answers questions based on information presented during lessons/presentations
- Creates questions based on information presented during lessons/presentations
- Shares relevant information based on information presented during lessons/presentations

Tutor/assistant (check all that apply)

- An assistant attended class with the student
- An assistant worked one-on-one with the student
- The student has had an at home tutor
- No tutor or assistant

Student use of assistive technology (check all that apply)

- iPad apps: _____
- Live Scribe Pen
- Laptop
- Voice Recognition software
- Dragon Naturally speaking
- OneNote
- Evernote
- Recording device
- Google apps
- Other: _____
- None of the above, but would benefit for assistive technology
- None of the above needed

Please feel free to provide any supporting documentation.

What goals does the family/parent have for the student while in college?

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP Code _____

Birth Date _____ ** Social Security Number _____

E-mail Address _____

Is the applicant his or her own legal guardian? (Circle one) YES NO If no, include appropriate legal documentation

** Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, academic transcript or accountability research.

This section is to be completed by the applicant only.

It may include additional pages when completed.

This questionnaire is used for assessment of each student's writing skills, critical thinking skills and creativity. It can be written by hand or typed.

1. Why do you wish to be considered for Winthrop Think College?

2. What kind of job would you like once you complete WTC?

3. What do you do in your free time?

4. What do you want to study in college?

5. Is there anything you want to learn that you haven't already in high school?

STUDENT INFORMATION (CONT.)

6. What is your favorite hobby or sport?

7. Have you been away from your family for an extended period of time? (Circle) YES NO If yes, please explain.

8. How do you feel about living away from your family?

9. Do you spend time with friends outside of school? (Circle) YES NO

If yes, what do you like to do with your friends?

10. What types of internships are you interested in?

11. Discuss two goals you have for your future upon completion of Winthrop Think College.

12. Do you have social media accounts? (Circle) YES NO If yes, do you use your accounts regularly? (Circle) YES NO

13. Please use this space to provide us with any additional information about yourself that you wish to share.

WINTHROP THINK COLLEGE EMPLOYMENT HISTORY

PLEASE COMPLETE THE FOLLOWING

PLEASE INCLUDE PAID AND UNPAID EMPLOYMENT, SCHOOL-BASED EMPLOYMENT TRAINING AND INTERNSHIPS. EMPLOYMENT EXPERIENCE IS NOT A REQUIREMENT FOR ADMISSION.

No work history

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____
Address _____
City _____ State _____ ZIP Code _____
Supervisor _____ How did you obtain this job: _____
Responsibilities _____
Reason for leaving _____

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____
Address _____
City _____ State _____ ZIP Code _____
Supervisor _____ How did you obtain this job: _____
Responsibilities _____
Reason for leaving _____
Dates _____ to _____ Paid Internship Volunteer

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____
Address _____
City _____ State _____ ZIP Code _____
Supervisor _____ How did you obtain this job: _____
Responsibilities _____
Reason for leaving _____
Dates _____ to _____ Paid Internship Volunteer

WINTHROP THINK COLLEGE EMPLOYMENT REFERENCES

PLEASE COMPLETE THE FOLLOWING

Full name _____ Relationship _____
Company _____ Phone _____
Address _____ E-mail _____
City _____ State _____ ZIP Code _____

Full name _____ Relationship _____
Company _____ Phone _____
Address _____ E-mail _____
City _____ State _____ ZIP Code _____

Full name _____ Relationship _____
Company _____ Phone _____
Address _____ E-mail _____
City _____ State _____ ZIP Code _____

APPLICANT CONTRACT

Read the applicant contract below and sign and date

I, _____, understand that college students in Winthrop Think College at Winthrop University must abide by the following terms and conditions:

- I will complete four semesters in the certificate Winthrop Think College program at Winthrop University.
- I will follow my course schedule, attend classes and complete course assignments to the best of my ability.
- I understand I will use a cell phone for communication with program staff on campus.
- I will actively participate in recreational activities on campus each semester.
- I will attend at least two Cultural Events on campus each semester.
- I will work part time in the community or on campus and/or participate in an internship on or off campus each semester.
- I will call the Winthrop Think College coordinator and/or my peer mentors when I will be absent or late.
- I understand that I am responsible for all tuition, fees, related expenses, and transportation to and from campus.
- I understand if I have documented intellectual disability, I can apply for federal financial aid.
- I will follow all the rules established by Winthrop Think College.
- I will attend scheduled meetings with Winthrop Think College program staff, and understand that I can invite others to participate in the meetings.
- I will be an active participant and communicate any issues at our meetings.
- I will actively pursue employment as part of the Winthrop Think College program.
- My family and I have a goal for me to work part-time or full-time upon graduation from Winthrop Think College.

I have read the above and understand that this program is voluntary, and I must agree to these terms if I am accepted into *Winthrop Think College* at Winthrop University. I understand that I may be asked to leave the program if I fail to follow the terms and conditions.

Applicant Signature

Date

Parent/Guardian Signature

Date

RECOMMENDATIONS AND RELEASE

PLEASE LIST THE FOLLOWING INFORMATION FOR RECOMMENDATIONS. INDIVIDUALS SENDING RECOMMENDATIONS SHOULD KNOW THE STUDENT WELL AND BE ABLE TO SPEAK TO HIS/HER READINESS FOR COLLEGE:

RECOMMENDATION 1 (EDUCATOR)

Name: _____

Position: _____

Address, City, State _____

Phone _____

E-mail _____

RECOMMENDATION 2

Name: _____

Position: _____

Address, City, State _____

Phone _____

E-mail _____

RECOMMENDATION 3

Name: _____

Position: _____

Address, City, State _____

Phone _____

E-mail _____

RECOMMENDATION RELEASE

I agree to waive my right to access the student recommendation forms

Applicant Name _____

Applicant Signature _____ Date _____

Parent Name _____

Parent Signature _____ Date _____

WINTHROP THINK COLLEGE EDUCATOR RECOMMENDATION FORM

RECOMMENDATION 1 EDUCATOR RECOMMENDATION FORM FOR:

(Applicant Name)

The above named individual has applied for admission to the Winthrop Think College at Winthrop University. (Visit <https://www.winthrop.edu/thinkcollege/> to learn more about the program). Winthrop Think College serves to provide young adults with intellectual disabilities an inclusive college experience that will further their academic, employment, social and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept in the strictest confidence. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact Winthrop Think College at (803) 323-3080 or wtc@winthrop.edu. Thank you.

CONTACT INFORMATION

Your Name _____ Title/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail Address _____

1. How long have you known the applicant? _____

2. In what capacity?

3. Are you familiar with Winthrop Think College? (Circle Once) YES NO

4. Do you feel the applicant would benefit from post-secondary education service in the area of academics? Why or why not?

CONTACT INFORMATION (CONT.)

5. Do you feel the applicant would benefit from the post-secondary education service in the area of socialization? Why or why not?

6. Do you feel the applicant would benefit from the post-secondary education service in the area of independent living?

Why or why not?

7. Do you feel the applicant would benefit from the post-secondary education service in the area of career development?

Why or why not?

8. Does the applicant have any behaviors that would interfere with their ability to participate in Winthrop Think College?

(circle one) YES NO

PERSONAL SUPPORT INVENTORY

Completed by: _____

Please fill in the information below as completely honestly as possible. This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the Program.

Check all that apply.

Finds way around a new environment

- Never had the opportunity
- Needs complete assistance
- Needs limited assistance
- Completely independent

Follows a schedule independently

- Never had the opportunity
- Needs complete assistance
- Needs limited assistance
- Completely independent

Hygiene

- Is an issue
- Not an issue

Asks for help or clarification

- Needs prompting
- Only in familiar situations
- always

Use good judgement during an emergency

- Received instructions, but has not been in the situation
- Has not received instruction
- Completely independent

Copes well with stress

- Needs assistance
- Has an uses coping strategies

Adjusts well to new environments

- Needs significant assistance
- Needs little assistance
- Independent

Prefers to do things for themselves

- Yes
- No
- Requests assistance

Is the student able to manage his/her own time?

- Arrive on time
- Allows enough time to walk to classes
- Uses alarm clock
- Uses agenda/planner
- No

Has participated in community based instruction

- Yes, unsuccessfully
- No
- Yes successfully

ACADEMIC SKILLS (CONT.)

Student knows and understands their disability

- Not aware of disability
- Knows disability, but does not understand
- Knows and understands

WINTHROP THINK COLLEGE SOCIAL AND COMMUNICATION SKILLS

Communicates needs appropriately

- Yes
- No
- With prompting

Engages in age appropriate interaction

- Yes, socializes with same age peers
- Socializes with traditional students
- Socializes only with students with disabilities
- Socializes mostly with family
- Does not socialize

Deals with conflicts

- Needs significant assistance
- Needs limited assistance
- Seeks assistance
- Independent

Distinguishes between friends and strangers

- Yes
- No
- Has not been in the situation

Follows rules

- Yes, is a rule follower
- Needs reminders
- Struggles following rules

Respects authority figures

- Yes
- No
- Depends on the relationship

Uses a cell phone

- Social media
- Phone calls
- Text messages
- Calendar
- Alarms
- Apps
- Internet browsing

Is able to provide personal information

- Address
- Emergency contact
- Medication information
- Phone number
- Alarms
- E-mail address
- Insurance information

COMMUNICATION SKILLS (CONT.)

Uses e-mail

- Has account, but does not use
- Uses account with assistance
- Uses account independently
- Needs reminders for passwords
- Remembers passwords

Maintains appropriate social behavior

- With prompting
- Independently with family
- Needs reminders in public situations
- Independent in public situations

How does the student manage anger/anxiety?

WINTHROP THINK COLLEGE SOCIAL AND COMMUNICATION SKILLS

Reading skills approximate grade level ability _____

- No functional reading
- Reads chapter books
- Reads silently
- Can answer comprehensive questions
- Can summarize
- Reads for enjoyment

Math skills approximate grade level ability _____

- Can make a purchase with money
- Makes change with bills
- Makes change with coins
- Manages bank account
- Can make a budget and stay within it

Computer skills

- Word processing programs
- Power Point
- Search internet
- Requires assistance
- Does not use

Has participated in inclusive classes

- Yes, independently
- Yes, with accommodations

Following verbal directions

- Yes
- No
- With reminders

Following written directions

- Yes
- No
- With reminders

ACADEMIC SKILLS (CONT.)

Note-taking skills

- Takes own notes
- Copies notes from board
- Uses Technology
- Requires copies of notes

Study habits

- Studies independently
- Requires prompting
- One-on-one assistance
- Does not have homework

Writing skills

- Writes papers
- Drafts, revises and edits
- Writes short paragraphs
- Uses punctuation
- Writes simple sentences
- Does not write
- Uses technology for writing

Assistive technology used

RECOMMENDATION 2

Recommendation for _____ (applicant's name)

You have been asked to recommend this applicant for admission to Winthrop Think College at Winthrop University. Winthrop Think College focuses on offering a college experience to individuals with intellectual disabilities that might otherwise not experience a college life. We believe that individuals with intellectual disabilities have the right to experience collegiate life in a way that is appropriate to meet their needs and advance their long-term goals. Students enrolled will be working on social, community living, vocational, and academic goals.

We would greatly appreciate your completion of this form at your earliest convenience. We cannot consider the applicant without this form. Attach additional pages as needed. The recommendations should address each of the following areas: (1) Education (2) Vocational/Employment (3) Community Involvement and (4) Personal.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of their completed Application Packet. Thank you for your assistance.

RECOMMENDER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Institutional Affiliation: _____

Address of Recommender:

Number and Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1)How long have you known the applicant and in what capacity?

4) Are you aware of any disruptive or challenging behavior that might inhibit the applicants of other students learning experience?

5) Winthrop Think College requires a level of independence for students and does not provide 24 hour support. Please rate the applicants independence level on a scale of 1 to 5 (5 indicating high level of independence and 1 indicating the need for full assistance) based on what you know about the applicant.

Safety: 1 2 3 4 5

Comments:

Independence: 1 2 3 4 5

Comments:

Challenging Behaviors: 1 2 3 4 5

Comments:

RECOMMENDATION 3

Recommendation for _____ (applicant's name)

You have been asked to recommend this applicant for admission to Winthrop Think College at Winthrop University. Winthrop Think College focuses on offering a college experience to individuals with intellectual disabilities that might otherwise not experience a college life. We believe that individuals with intellectual disabilities have the right to experience collegiate life in a way that is appropriate to meet their needs and advance their long-term goals. Students enrolled will be working on social, community living, vocational, and academic goals.

We would greatly appreciate your completion of this form at your earliest convenience. We cannot consider the applicant without this form. Attach additional pages as needed. The recommendations should address each of the following areas:

- (1) Education (2) Vocational/Employment (3) Community Involvement and (4) Personal.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of their completed Application Packet. Thank you for your assistance.

RECOMMENDER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Institutional Affiliation: _____

Address of Recommender:

Number and Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1)How long have you known the applicant and in what capacity?

4) Are you aware of any disruptive or challenging behavior that might inhibit the applicants of other students learning experience?

5) Winthrop Think College requires a level of independence for students and does not provide 24 hour support. Please rate the applicants independence level on a scale of 1 to 5 (5 indicating high level of independence and 1 indicating the need for full assistance) based on what you know about the applicant.

Safety: 1 2 3 4 5

Comments:

Independence: 1 2 3 4 5

Comments:

Challenging Behaviors: 1 2 3 4 5

Comments:
